



**NO PPO  
REQUIREMENTS\***

Member Name: \_\_\_\_\_ Insured Spouse: \_\_\_\_\_  
Dependent(s): \_\_\_\_\_

Member ID: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Primary Care Office Visit Copay: \_\_\_\_\_  
Specialty Doctor Office Visit Copay: \_\_\_\_\_

\*This health insurance plan has no PPO network restrictions. All licensed medical providers accepted. Reimburses up to 125%/150% of Medicare for Physicians/Facility fees. Call to verify benefits/limitations/exclusions.

**Send Claims To:**

Insurance Benefit Administrators c/o Zelis  
Box 247 Alpharetta, GA 30009-0247 EDI  
Payor ID: 07689

**BIN: 018729  
PCN: GBX\*  
GRP: HCHRX**

**For Claim & Benefit Questions:**

Client Services: 844.630.7500  
Benefit Verification: 866.323.2985  
Pre-notification: 866.317.5273  
This short term medical coverage is not subject to Affordable Care Act Requirements

 **CERPASSRX** Prescription Drug Help Desk: 844.636.7506

*Possession of this card does not guarantee eligibility or payment of benefits.  
\*\*CerpasRx discount is not insured by Companion Life Ins. Co.*

## **Benefit Verification Instructions for Providers**

### *Step-by-step process for submitting claims*

1. Your patient will provide you an ID card for their short term medical plan. Pivot Health plans are underwritten by insurance carrier Companion Life Insurance Company.
2. This fully-insured insurance plan has no PPO network restrictions or requirements. All licensed healthcare providers are accepted.
3. Payment is up to 25% more than what Medicare pays for doctor office visits and up to 50% more for facilities.
4. If you would like to verify insurance benefits, contact the benefit verification line: 866-323-2985.
5. Copay plans (when applicable) can be collected at the time of service for the office visit.
6. Get pre-certified taken care of in advance if necessary. All hospitalizations, other inpatient care, inpatient surgeries or surgical procedures and outpatient IV infusion therapy, radiation therapy and cardiac surgery, must be pre-certified. Contact the pre-certification line at 866-317-5273.
7. Medical claims can be sent to:  
Insurance Benefit Administrators (formerly Allied National)  
c/o Zelis  
Box 247  
Alpharetta, GA 30009-0247  
EDI Payor ID: 07689
8. You will be contacted by Insurance Benefit Administrators regarding final pricing for the claims submitted in the weeks following submission.